



Pregnancy Tracking

Client ID: _____

Admission ID: _____

Medicaid ID: _____

This form is to be filled out at each contact

Client's name (first, middle, last): _____ Maiden name: _____

Client alias: _____ Alias Client ID: _____

Birth date: ____/____/____

Medicaid ID: _____

Other IDs: _____

ID Number	ID Type

Street address: _____ Apt# _____ County: _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Alternate phone: _____

Contact date: ____/____/____

Stage of pregnancy:

☐ 1st trimester

☐ 2nd trimester

☐ 3rd trimester

WIC certified? ☐ yes ☐ no

Taking prenatal vitamins, including folic acid? ☐ yes ☐ no ☐ unknown

Attending childbirth education classes? ☐ yes ☐ no ☐ unknown

Attending parenting education classes? ☐ yes ☐ no ☐ unknown

Is client receiving prenatal care? ☐ yes ☐ no ☐ unknown

How many prenatal visits scheduled? _____ How many kept? _____

Allergies? ☐ yes ☐ no ☐ unknown Specify: _____

Is client taking regular medications? ☐ yes ☐ no ☐ unknown

What medications?

☐ antibiotics ☐ pain meds
☐ antidepressants ☐ other
☐ anti seizure meds specify _____

Smoke cigarettes? ☐ yes ☐ no ☐ unknown

How many cigarettes per day?

☐ <1 ☐ 10-20 ☐ more than 2 packs
☐ 1-5 ☐ 1 pack ☐ unknown
☐ 5-10 ☐ 1-2 packs

Drink alcohol? ☐ yes ☐ no ☐ unknown

How often? ☐ never ☐ less than 1 drink/week ☐ 2-6 drinks/week ☐ 1 drink/day ☐ more than 1 drink/day

Use illicit drugs? ☐ yes ☐ no ☐ unknown ☐ client declines

What drugs?

☐ cocaine ☐ heroin ☐ unknown
☐ crack ☐ marijuana ☐ other
☐ crack ☐ methamphetamine specify _____

Comments: _____

	name	date
Tracking form completed by:		
Data entered by:		
Quality assurance inspection:		